U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/3/3	2. Fiscal Year Covered From:
,	7 / 7 / 3004 Through: 12 / 3/ / 9004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JORGE QUEAN	Name Chicago Regional Council or Corpenters.
	Labor Organization File Number 001-949
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Stroet 9 Sauk 07.	Street 12. E. ERIE Street
Street 9 Sauk CT. City Bowbonnais	City Chicago
State 160964.	State ILL ZIP Code + 4 6061
Position in labor organization. Organization.	
main control of the state of the second state	The survival and a series of the survival and the surviva
Enter appropriate data below if, during the past fiscal year, you or your spot	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with, or o	, , , , , , , , , , , , , , , , , , , ,
nonetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
And the second s	7.a. Nature of Interest, Transaction, or Income.
Name	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signa	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. Perjury and offier applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information) contained in any accompanyi undersigned's knowledge and belief, true correct, and complete (See the sec	7.b. Amount. Perjury and offier applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information) contained in any accompany	7.b. Amount. Perjury and offier applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

ame of Person Filing Jorga Juran,		File Number U- 3/3 3	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	e of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest hek	d or income received.	
	12.b. Amount.	The second secon	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	17 Augustus and Augustus (1.00 To protein Augustus and Augustus (1.00 To protein Augustus (1.00	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street City	and the state of t		
State ZIP Code + 4	And the state of t		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	plane mindel (1) typen market hammaliska. 220 (27) minde hammaliska (10) (27) minde hammaliska (10) (27) minde	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature (Fu

7-7-05

Date

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